

**EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING
CHILDHOOD BEHAVIORAL PROBLEM ON KNOWLEDGE AND ATTITUDE
OF SELECTED PRIMARY SCHOOL TEACHERS, COIMBATORE.**

Reg. No. 301420401

**A DISSERTATION SUBMITTED TO THE TAMIL NADU
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI, IN
PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING
APRIL 2016**

CERTIFICATE

This is to certify that the Dissertation entitled “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING CHILDHOOD BEHAVIORAL PROBLEM ON KNOWLEDGE AND ATTITUDE OF SELECTED PRIMARY SCHOOL TEACHERS, COIMBATORE.**” is submitted to the faculty of nursing, **THE TAMILNADU Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI** by **REG. No 301420401** in partial fulfillment of requirement for the degree of Master of Science in Nursing. It is the bonafide work done by her and the conclusions are her own. It is further certified that this dissertation or any part thereof has not formed the basis for award of any degree, diploma or similar titles.

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CHAPTER –I

INTRODUCTION

“Children are the wealth of tomorrow; take care of them if you wish to have a strong India, ready to meet various challenges.”

(PANDIT JAWAHARLAL NEHRU)

Children are mirror of a nation. They are our future and our most precious resources. The quality of tomorrow's world and perhaps even its survival will be determined by the well-being, safety and the physical and intellectual development of children today. It is estimated that 15% of children will be affected by the behavioral problems by 2020. **(World Health Report, 2001)**. A million children are encountering behavioral problems, including depression, violence and self-harm. **(British Medical Association, 2006)** The early years of life are important in of young children. Parents in 21st Century face many challenges and issues such as poverty, stress and health problems which affect the health and development of children and have linked to behavioral problems in childhood. The development of the child's behavior can be molded by parents and also by the teachers.

The term behavior refers to the way a person responds to a certain situation or experience. Behavior is affected by temperament, which is made up of an individual's innate and unique expectations, emotions and beliefs. Most children learn to regulate their reactions and feelings over time in the early years through emotional connections with significant others and learnt self-understanding.

The etiological factors for behavioral problems of children are usually biological risk factors, genetic risk factors, family relationship risks, experiential risks and social environmental risk factors. A number of specific biological factors are associated with behavioral and developmental problems, mainly they contribute to behavioral and emotional difficulties. Prenatal exposure to alcohol, tobacco smoke & drugs also has been found to have an impact on neurocognitive process and is associated with a variety of behavioral problems **(Siobhan Bradley, 2007)**

Children with behavioral disorders are often tolerated by family however when these children begin schooling they are identified as problematic because these behaviors interfere with the child's academic performance, and the maladaptive behaviors may provide negative feedback, which may generate low self-esteem. A child's coping mechanism is influenced by the individual developmental level, temperament, previous stress experiences, role models, and support of parents, teachers and peers. The dysfunctional behaviors lead to further physical or developmental problems. The common areas of behavior problems are the interplay of self-concept and self-esteem. So behavioral modifications at home and school are teaching families techniques to support clear expectations, consistent routines, positive reinforcement for appropriate behaviors timeout and teachers to meet individual needs for remediation or alternate instruction methods if necessary, structure activities to respond to child's needs.

Today's children are tomorrow's responsible citizen of the world. There is great deal of emphasis on children these days because of the recognition that a very substantial proportion of the world's population constitutes young children. The future of the country depends on the mental health of our young people. Recent evidence compiled by WHO indicates that by 2020 childhood disorder will rise proportionately by over 50% internationally to become one of the five most common causes of morbidity, mortality and disability among children. (WHO, 2001).

The **Centers for Disease Control and Prevention** estimates that 1 in 88 children in the United States has been identified as having an autism spectrum disorder, Autism spectrum disorders are almost five times more common among boys than girls – with 1 in 54 boys identified.

Child mental health problems are reflected by a variety of categories of behavioral problems. Such problems are usually identified when they result in distress to either the child or others (Zubrick, 1995). It is usual that information about child mental health is sought from teachers and care-givers, and that these respondents' perceptions of children and their behaviors form the basis of mental health assessments.

There is growing consensus that behavior disorders are apparent in early childhood, and that they often persist into adulthood. **(Campbell & Ewing 1990)**

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Children grow into adolescence and adulthood through a process of development that depends on both intrinsic (genetic) and environmental factors .healthy development depends on a complex interaction between nurture and nurture, which leads to the fulfillment of the child's potential, and prepares them for a mature adult role. Some of the common behavioral problems in children are temper tantrums, impulsive behavior, breath hold spell, lying and defiance. **Temper tantrums** are a natural part of growing up they are not usually cause for serious concern and will typically diminish on their own accord .Tantrums are commonly seen pre- school and school aged children. But as the children mature and their self -control and understanding of the world increase their frustration levels also decrease, resulting in fewer tantrums. **(Parul Datta)**

According to article by behavioral management systems statistical ratio world-wide, 1 year old child has 14% of tantrums daily,2-3 years child has about 20% of tantrums and 6 and above age group evidenced 5% of incidence of tantrums. **(kids Mental Health, 2011).**

Impulsive behavior are common in young children. When a young child is kicks, or fights with another, it is likely that he or she is having trouble expressing feelings in words. When these behaviors persist in them it results in serious problems. **(Impulsivity).**

Breath hold spell are an involuntary reflex, which means children have no control over them and stop breathing for up to one minute. It occurs when a young child

is angry, frustrated, in pain, or afraid. It is also called as infantile syncope accounts for 4-13% of psychosomatic disorders in pediatric group. (Text book of pediatrics. **(Suraj Gupte)**)

According to the article it has depicted that breath hold spell occurs in 5% of otherwise healthy children. They appear at the age of 2 and disappear by age 4 in 50% of children and by age 8 in about 83% of children. **(Stephen Brian Sulkes, 2013)**

Defiant disorder is defined by the DSM -5 as a pattern of angry/irritable mood or vindictiveness lasting at least six months. **(Wikipedia).**

Lying also called as pseudo logia fantastica is a behavior of habitual or compulsive lying. **(Wikipedia).**

Report prepared by National Institute of Mental Health And Neurological Sciences **(NIMHANS)** on District Mental Health Programme highlights the need for school mental health Programme along with teaching school teachers regarding identifying and managing behavioral problem.

Behavior problems in the classroom can interfere with instruction, child development and academic achievement. Yet, many teachers do not have the training they need to deal with behavior problems. Now, University of Missouri researchers will use a \$2.9 million grant from the U.S. Department of Education's Institute of Education Sciences (IES) to evaluate the effectiveness of a video training program designed to help teachers understand and react effectively to behavior issues.

NEED FOR THE STUDY

In India children constitutes about 40% of the total population .Behavioral disorders are one of the most common childhood disorders. The ideal school is an institution having sustained daily contact with children. Teachers are the effective person who plays a vital role in handling children. The numbers of children, who are coming out of their residence for schooling, are countless, just like stars in the sky or like drops of water in an ocean. For each of them, this particular school age is a formative period, physically as well as mentally. There are many problems faced by the children of this age and out of them behavioral problems are very important.

Children between six and twelve years should have widened their social horizon beyond the confines of their own home to schools. The kind of school a child attends is important to the development of a sense of industry and future achievements. In the primary school level students achieve behavioral, emotional, social and good academic levels.

The National Health Policy of 1982 recommends the initiation of organized school health programs integrated with general, preventive and curative services. A recent recommendation is given by Central Institute of Psychiatry, Ranchi regarding management of psychiatric problems in children, emphasizes importance of educating the school teachers and parents regarding warning signs of mental ill health and right methods of management

An approach study was conducted among 60 primary school teachers conveniently selected from five primary schools of Vadodara. The results of the study shows that in pre- test, primary school teachers were having on average 49.40% knowledge regarding selected common behavioral problems of children, and in post-test average 75.83% knowledge regarding selected common behavioral problems of children. This study concluded that structure teaching program is effective tools to improve the knowledge of primary school teachers regarding Selected Common Behavioral Problems of Children. **(Garg, 2014).**

A Study was conducted in selected schools of Pune city comprised of 60 samples. A structured questionnaire knowledge regarding behavioral problem was prepared. This study indicates that the planned teaching is effective in increasing the knowledge of teachers regarding behavioral problem. The various findings of the study show that the knowledge regarding behavioral problem in School children has been improved through planned teaching. There is an association between the knowledge level and variables such as age, designation and years of experience. **(Bhanwara, 2011).**

A study on behavioral problems of school children in a pediatric outpatient department was conducted with 50 children of age 6-14yrs from pediatric outpatient department were selected after randomization, and subjected to CBCL (Child Behavior Check List), which was filled by the teachers. Most common behavioral problems was

found in children; argues a lot [56%], cannot concentrate [54%], cannot sit still, restless, hyperactive [50%]. Female children had behavioral problems like too concerned with neatness or cleanliness, feels has to be perfect, and argues a lot. Study concluded; behavioral problems of school children need more attention. **(Prakash, 2006).**

A cross sectional exploratory study was done to see the prevalence of behavioral problems of children and the study conclude that majority of children shows the evidence of behavioral problems **(Sushma, et.al. 2001).**

The behavioral problems is the leading mental disorder in today's world. Many parents either teachers are unaware about the disorders and show less attention to the psychological issues compared to the physical illness. The prevalence of each disorder takes its marked ratio. Each disorder has set ratios in its epidemiological statistics.

It has been estimated that prevalence of **temper tantrums** in the world wide among 800 children attending outpatient departments 182 were found to have temper tantrum **(Clinical Paediatrics, 1990)**

A national study taken to view the prevalence ratio about **impulsivity** reported that among 17% of children were found to have impulsive behavior. **(Journal of psychiatric research, 2007).**

The worldwide life time prevalence of **defiant disorder** estimated to be 10.2% among (boys-11.2% and girls-9.2%) **(Journal of child psychiatry, 2007).**

The study done to view the prevalence of **breath hold spell** has estimated 4.6% to 4.7% with male to female ratio 3:1. **(Case reports in neurological medicine)**

Behavioral disorders are vital in the area of school because teachers are the responsible persons in molding the child when it is in school.

Behavior problems in the classroom can interfere with instruction, child development and academic achievement. Yet, many teachers do not have the training they need to deal with behavior problems.

The investigator felt that to know about the awareness of teachers regarding behavioral problems like temper tantrums, impulsive behavior, lying, breath hold spell, defiance which is focused on children education and their physical health. This

motivated the investigator to provide adequate education to them through a planned teaching Programme on above mentioned behavioral problems. The investigator also remembered few friends having this problem and were receiving severe punishment from the class teachers, during his school period. In later phase of nursing education, when the investigator came to know about these behavioral problems, decided to teach the school teachers for handling these problems

STATEMENT OF THE PROBLEM

A Study to assess the effectiveness of structured teaching Programme regarding childhood behavioral problem on knowledge and attitude of selected primary school teachers, Coimbatore.

OBJECTIVES OF THE STUDY

1. To assess the knowledge and attitude of primary school teachers regarding common childhood behavioral problems.
2. To evaluate an effectiveness of Structure teaching Programme regarding selected childhood behavioral problems on knowledge and attitude of primary school teachers.
3. To associate the knowledge and attitude of primary school teachers with their selected demographic variables.

OPERATIONAL DEFINITIONS

- 1) **Knowledge:** It refers to the responses of the primary school teachers to the items listed in self-structured questionnaire regarding the knowledge on behavioral problems among school children.
- 2) **Attitude:** It refers to the opinion of teachers about childhood behavioral problems measured by structured questionnaire.
- 3) **Structured teaching:** It the systematic planned training in the form of computer assisted teaching about childhood behavior problems.

HYPOTHESIS:

H1: There will be significant difference between pre -test and post-test knowledge scores of primary school teachers regarding childhood behavioral problems.

ASSUMPTION:

Teachers have lot of opportunities to observe and identify early childhood behavioral problems.

CONCEPTUAL FRAMEWORK

Conceptual framework refers to interrelated concepts or abstract those are together in same rational scheme by virtue of their relevance to a common theme (Polit & Hungler, 1999).

The conceptual framework for this study was developed by applying Ludwig Von Bertalanffy's (1968) general system theory. According to the general system theory a system consists of a set of interaction components. There are two types of general system that is closed and open.

A closed system does not exchange every matter or information with its environment .It receives no input from the environment and gives no output to the environment .In an open, energy, matter or information move into and out of the system.

All living system such as plants, animals, people, families, and communities are open system. open system consist of the input, throughput and output process According to theorist view the information, matter, and energy that the system receives ,transforms the input in a process called as throughput and releases information ,matter and energy as output in the environment output that returns to the system as input is called feedback ,which may be positive negative or neutral.

In this present study the investigator considered the teachers as open system which possesses input, throughput, output and feedback.

INPUT

In this study the investigator consider that the input is the assessment of teachers demographic variables such as age, gender, educational qualification, teaching experience, undergone any training. Also assess the knowledge, attitude regarding childhood behavioral problems and the structured teaching Programme.

THROUGHPUT

Regards with throughput it is the processing of information and application of the information by the school teachers.

OUTPUT

Considering the output the investigator assess the knowledge, attitude after a two weeks of educational intervention .By creating such awareness through education will help the teachers to know about behavioral problems.

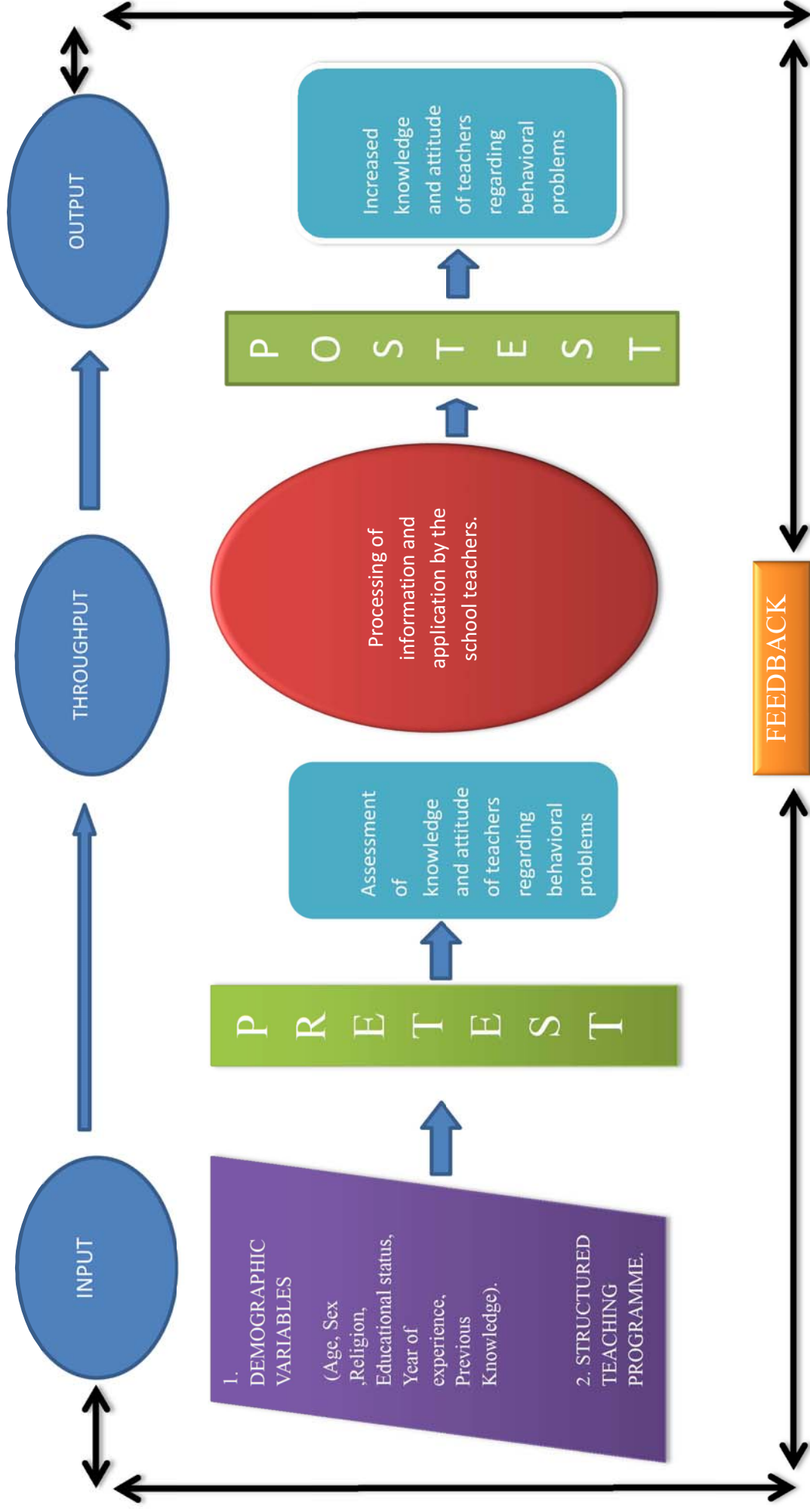


Fig: 1 MODIFIED LUDWIG VON BERTALANFFY'S GENERAL SYSTEM THEORY

CHAPTER- II

REVIEW OF LITERATURE

A review of literature on the research topic helps the researcher to know about existing studies and provides information which helps in focusing on particular problems and enhances the knowledge.

The researcher undertakes a literature review to familiarize themselves with the knowledge base which is an important step in research with a background for understanding current knowledge on topic and illuminates the significance of the new study

The related literature is reviewed for the present study in order to determine the

Knowledge and attitude regarding childhood behavioral problems among primary school teachers at Madukkarai union Coimbatore.

Review of literature of present study was presented in the following headings

- Literature related to common behavioral problems.
- Literature related to knowledge of teachers on childhood behavioral problems.
- Literature related to structured teaching Programme on knowledge and attitude of childhood behavioral problems.

Literature related to behavioral problems

A descriptive study was conducted in Ludhiana on 957 school children using Rutter B scale which was to be completed by the class teachers in Ludhiana. 141 children (14.6%) scored more than 9 points and were included in the second part of the study. Based on the instrument results and parental interview 45.6% of the children were estimated to have behavioral problems, of which 36.5% had significant problem. Close cooperation between school teachers, parents, and health care providers is essential to ensure healthy development of children. (Gupta, et.al, 2001).

A descriptive study on behavioral problems in a pediatric outpatient department .A sample of 50 children between the age group of 6-14 years was selected randomly for the study .The data was collected by administering child behavior checklist .The study concluded that behavior problems in children were externalizing ones and the mean score was 40.7 than the internalizing problem score 10.3. **(Prakash et al, 2006)**

A cross sectional study was conducted in Karachi, to determine emotional and behavioral problem among school going children aged 5 to 11 years. The investigator took 1488 samples (700 parents of private school and 788 parents of community school children). Strength and Difficulties Questionnaire was filled out by parents and school teachers for the same children. Demographic data of parents, teachers and children were also collected using a separate Performa. Result was a total of 675 parents agreed to participate in the study. The response rate was 45.3%. Assessment of children's mental health was conducted using Strength and Difficulties Questionnaire (SDQ). Parents rated 34.4% of children as falling under the "abnormal category on SDQ, slightly higher estimates 35.8% were reported by the teacher. The findings of the study was the prevalence of child mental health problems was higher than reported in studies from other countries. There was also a gender difference in prevalence; boys had higher estimates of behavior/externalizing problems, whereas emotional problems were more common amongst females and there is a need for developing programs to train, sensitize and mobilize teachers and parents regarding child's psychological, emotional and behavioral problems.**(Syed, et al, 2009)**

A descriptive study was done to identify the types of emotional and behavioral difficulties that Greek primary teachers saw as problematic in their teaching; and also to identify their perceptions of the prevalence of these difficulties. A Behavior Inventory was administered to 170 elementary teachers from 23 randomly selected schools in Athens. Analysis showed that teachers found work avoidance, depressive mood, negativism', 'physical aggression' and 'lack of concentration as most problematic. By contrast, they found 'excessive shyness' and 'attention seeking' as least problematic. However, only one of the most problematic behaviors, 'lack of concentration', was among the highly frequent behaviors. The other highly frequent behaviors were 'talking without permission', 'untidiness' and 'fidgeting'. The least frequent behaviors were

‘over-dependence on teacher’ and ‘school phobia’. The findings are discussed in terms of historical and international patterns and trends in teachers’ perceptions of emotional and behavioral difficulties. **(Poulou & Norwich 2010)**

A descriptive study done on Chinese primary school children to determine levels of behavior problem and to explore key determinants relevant to the Chinese context being an only child, urban living, school stressors, being bullied and physical punishment. The investigator examined 2,203 child-parent pairs and administered a child self-completion questionnaire to children aged 7-13 and Rutter Parent Scales to their parents in nine primary schools. Result showed that 13.2% of the children (16.4% of boys, 9.4% of girls) had a behavior problem. Girls manifest more emotional problems (5.3 vs. 2.3%) and boys more conduct problems. **(Hesketh, et al., 2011)**

A descriptive study on Prevalence of behavioral and emotional problems among seven to eleven year old children was carried out in selected schools in Kandy District, Sri Lanka on 562 children by using random sampling technique. The findings of the study showed that Indicated a prevalence of 13.8% of emotional and behavioral problems in the study population. 8.8% of children showed internalizing problems and 8.8% externalizing problems **(Ginige, et al., 2014)**

An exploratory study was carried out in Dharwad city on prevalence of behavior problem among the students of Government Primary School in urban area. There were 232 Government Primary Schools, among them 166 schools were in rural area. Out of which 5 schools from urban area were selected randomly, 2 male and 2 female students from 1st to 4th standard from each school were selected randomly, the sample consisted of 38 female and 40 male students aged 5-10 years. So, the sample of this study was 78 students. The standardized questionnaire Emotional problem scale (EPS) developed by Prout and Strohmea (1985) was used for the study. The study revealed that the prevalence of anxious/depressed was 64% and hostile/aggressive was 43%, and behavior /emotional problems was 35%. **(Sowmya, et al., 2015)**

Literature related to knowledge of teachers on childhood behavioral problems.

A descriptive study done to assess the knowledge and perceived control of teachers on behavioral problems of children, among 314 preschool teachers using child behavioral questionnaires in Upssala University. The study concluded that teachers' knowledge and perceived control are less and it is evident that teachers' low perceived control is associated with their difficulties in handling externalizing behaviors. **(Annie Hammarberg, 2003).**

A cross-sectional study was conducted to assess the knowledge of teachers on behavioral problems of children using cluster sampling method 20 primary and secondary level schools located in south eastern health region of Jamaica was selected. A self-structured questionnaire was administered to the teachers. The study concluded that teachers has less knowledge regarding behavioral and emotional problems. **(Shetty, et al, 2005)**

A descriptive study on elementary teachers knowledge and perception regarding school behavioral problem .The study involved 200 elementary school teachers The study concluded that misbehavior related attributions were significantly associated with the teachers preferred practices ,and the knowledge and perception level is low and education practice should be included. **(Nakou, 2008).**

A descriptive study was conducted in Singapore to assess preschool teacher's knowledge, attitudes and practice on childhood developmental and behavioral disorders. This study sample was 503 pre-school teachers and they were selected randomly. The study results showed that teachers had less knowledge regarding behavioral disorders mainly attention deficit (45%) with median block-scores of (56%) respectively. **(Lian, et al, 2008).**

A Quasi Experimental Study was conducted to assess the knowledge of teachers on behavioral problem. The study was conducted in selected schools of Pune city. In the study the sample comprised of 60 people. A structured questionnaire knowledge regarding behavioral problem was prepared to study the sample. Descriptive and inferential statistics had been used to analyze the data obtained through interviews. This study indicates that the planned teaching is effective in increasing the knowledge of teachers regarding behavioral problem **(Bhanwara, et al, 2011).**

The study was conducted to assess the knowledge of Primary school teachers regarding Selected Common Behavioral Problems of Children, one test pre-test post-test design was adopted to evaluate the effectiveness of Structure Teaching Programme on Selected Common Behavioral Problems of Children and find out association between pre-test knowledge score and selected demographic variable. The results of the study shows that in pre-test, primary school teachers were having on average 49.40% knowledge regarding selected common behavioral problems of children and mean score was 14.82 ± 3.372 and in post-test, average 75.83% knowledge regarding selected common behavioral problems of children and mean score was 22.75 ± 2.802 . T calculated value is 33.233 which is more than the tabulated value of 2.00 at 0.05 level of significance. **(Garg, et al, 2014).**

Literature related to structured teaching Programme on knowledge and attitude of childhood behavioral problems.

A clinical study was conducted to assess the effectiveness of planned teaching Programme for the care takers of children admitted with minor mental health disorders in the Child Psychiatry wards of Central Institute of Psychiatry, Ranchi. Total of 80 samples were selected by convenient sampling technique. The outcome of the study proved marked increase in the knowledge level of the caretakers after the intervention. **(Child Psychiatry wards of Central Institute of Psychiatry, 2004).**

A descriptive study was conducted a workshop on teachers focused approach to prevent and reduce students aggressive behavior .The study concluded that teachers had to increase teachers awareness and to develop strategies and thus the workshop was effective to improve the managerial skills to reduce the aggression. **(Orpinas & Home, 2009)**

A study was conducted was conducted in Chennai to evaluate the effectiveness of structured teaching Programme on knowledge and attitude regarding identification and management of behavioral problem of preschool children .One group pre-test and post-test research with evaluative approach was adopted. The sample was selected by using convenient sampling technique .The sample comprises of 120 preschool children .Considering the frequency and distribution of demographic data shows, 58 (48%)

mother with the age group of 30-40 years, regarding the educational status 62(52%) of the mother were illiterates, regarding type of family 68(57%) mothers were belong to Nuclear family, regarding occupation 94(79%) of the mothers were housewife. The findings of the study in the pre-test was 104(86.6%) Mothers had inadequate knowledge, 16 (13.4%) mothers had moderately adequate and no mother had adequate knowledge. In post- test, no mothers are found to have inadequate knowledge, 20(16.6%) mothers had moderately adequate knowledge and 100(83.4%) mothers had adequate knowledge .It was found that the overall knowledge had markedly increased after structured teaching Programme. The study shows that the structured teaching Programme was effective in increasing the knowledge of mothers of preschool children regarding behavioral problem. **(Vasanthakohila & Hemavathy, 2014).**

CHAPTER –III

METHODOLOGY

Methodology gives the blue print of the study. This chapter explains the methodology adopted by the researcher to determine the methodology adopted by the researcher to determine the effectiveness of structured teaching program on childhood behavioral problems among the primary school teachers Madukkarai in Coimbatore. This chapter deals with the research design, setting of the study, population, sample size, sampling technique, criteria for sample selection, variables, description of the intervention, development and description of the tool, testing of the tool, procedure for data collection and statistical analysis.

RESEARCH DESIGN

The research design applied for this study will be one group pretest posttest design.

E = O1 × O2
O1 = pretest.
× = intervention
O2 = posttest.

VARIABLES

Independent variable:

Structured teaching program regarding childhood behavioral problems.

Dependent variable:

Knowledge level of the teachers and attitude of teachers towards childhood behavioral problems of school children.

SETTING OF THE STUDY

The study was conducted at the government elementary schools Madukkarai union Coimbatore.

POPULATION

The population used in the study are the primary school teachers.

SAMPLE SIZE

The sample size for the study was 30 primary school teachers.

SAMPLING TECHNIQUE

Non-probability purposive sampling will be adapted to select the samples of the study.

SAMPLING CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA:

- 1) Primary school teachers working in selected schools with both male and female.
- 2) The headmistress/headmaster of the school.

EXCLUSION CRITERIA:

- 1) Primary school teachers who are sick and absent during the period of collecting data.

DESCRIPTION OF THE INTERVENTION:

The intervention of the present study is regarding the childhood behavioral problems, the teaching was given through power point presentation. The teaching consist of introduction, nature of behavioral disorders, common behavioral disorders and their management. The investigator gathered the teachers in a class room and displayed the teaching by LCD presentation. The structured teaching Programme was prepared by the investigator after referring various journals, books and in consultation with various experts. The structured teaching Programme was displayed in the ethical committee, recommendations were considered

DEVELOPMENT AND DESCRIPTION OF TOOL:

The data was done through Self- structured -administered questionnaire,

SECTION I: Deals with demographic variables of the teachers.

SECTION II: Deals with self-structured knowledge questionnaire.

SECTION III: Deals with self-structured attitude questionnaire.

Section I: Socio demographic variables

The socio- demographic characteristics of the teachers includes age, gender, educational qualification, teaching experience previous knowledge regarding childhood behavioral problems.

Section II: Self -Structured knowledge questionnaire to assess the knowledge of the teachers on childhood behavioral problems.

It consists of questionnaire regarding knowledge on common behavioral problems prepared by the investigator after reviewing literatures and various books. A sum of 30 questions were prepared to assess the knowledge level of teachers. Each question was given with 3 options, with one right answer. The subjects has to record their answers by putting tick mark on the choice of answer. Using the scoring key prepared by the investigator, the correct answers were given as 1 score and wrong answers were scored as 0. The total score earned by the subject reflect their knowledge about the childhood behavioral problems. The minimum score was 0 and the maximum score was 30. The total score was classified into

0-10: Poor knowledge.

11-20: Average knowledge.

21-30: Good knowledge.

Section III: Structured self-attitude questionnaire to assess attitude of teachers on Childhood behavioral problems.

It consists of questions regarding attitude on common behavioral problems prepared by investigator after reviewing literatures and various books. A sum of 25 questions were prepared to assess the attitude of teachers on common childhood behavioral problems. Each question was given with 4 options .The subjects had to record their answer by putting tick mark on the column The total score earned by the subject reflect their attitude on common childhood behavioral problems.

25-50: Negative attitude.

51-75: Neutral attitude.

76-100: Positive attitude.

CONTENT VALIDITY

Content validity of the tool was ascertained by submitting the tool to two experts in the field of Psychiatric nursing at NIMHANS, Bangalore. All the valuable comments and suggestions from the experts are considered and corrections were made.

RELIABILITY

The reliability of the tool was tested with split half method. The reliability for Knowledge of teachers regarding common childhood behavioral problems was 0.93 and attitude score was 0.80.

PILOT STUDY

Pilot study was conducted among 5 teachers at government school Madukarai Union, Coimbatore for a period of one week. The investigator explained about her study and obtained permission from the school authority. The self-structured pre- test questionnaire for knowledge and attitude as given to the samples on the first day, structured teaching programme as given on the third day of the week followed by post- test was done after two days of the intervention. The result of the study reveals that the study was feasible. The sample used for the pilot study was excluded in the main study.

PROCEDURE FOR DATA COLLECTION

The study was conducted in government schools Madukkarai union Coimbatore. The formal permission was obtained from Assistant Elementary Educational Officer. The study was conducted for a time period of four weeks. The investigator informed the teachers about the study and maintained good rapport. The investigator introduced self. The purpose and the benefits of the study was explained to the teachers to ensure their cooperation. Assurance was given to the subjects regarding the confidentiality of the data collected from them. The first week of the data collection the self- structured questionnaire was administered to assess the pre- test knowledge and attitude in four schools for 30 samples. The second week structured teaching Programme was given with the help of power point presentation regarding childhood behavioral problems. After two weeks of intervention post test was conducted with the self -structured questionnaire to assess the post- test knowledge and attitude of teachers.

STATISTICAL ANALYSIS

Collected data were analyzed by descriptive and inferential statistics. The descriptive statistics included mean, and percentage. Inferential statistics included paired t - test used to analyze the effectiveness of structured teaching programme. Chi-Square test was used to associate the knowledge and attitude level with demographic variables.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected to determine the effectiveness of structured teaching Programme regarding childhood behavioral problem among primary school teachers.

ORGANIZATION OF FINDINGS

The collected data regarding knowledge of primary school teachers on childhood behavioral problems are as follows:

- | | |
|-------------------|--|
| SECTION A: | Distribution of respondents according to demographic variables. |
| SECTION B: | Distribution of respondents according to their pre-test and post-test level of knowledge and attitude. |
| SECTION C: | Comparison of mean pre and post-test knowledge and attitude scores of respondents regarding childhood behavioral problems. |
| SECTION D: | Association of demographic variables with post-test knowledge regarding the childhood behavioral problems. |
| SECTION E: | Association of demographic variables with post-test attitude regarding the childhood behavioral problems. |

SECTION –A

DESCRIPTION OF DEMOGRAPHIC VARIABLES OF TEACHERS

(N=30)

S. NO	Characteristics	Frequency (f)	Percentage (%)
1.	AGE		
	21-35	3	10
	36-45	21	70
	46-50	3	10
	51-55	3	10
2.	Sex		
	Male	4	13
	Female	26	87
3.	RELIGION		
	Christian	8	27
	Muslim	1	3
	Hindu	21	70
4.	EDUCATIONAL STATUS	11	37
	Dip.T. Ed	19	63
	B.Ed		
5.	Experience		
	<5 years	1	3
	5-10	12	40
	10-15	6	20
	>15	11	37
6.	Training		
	Yes	2	7
	No	28	93

Table-1: Distribution of demographic variables of teachers

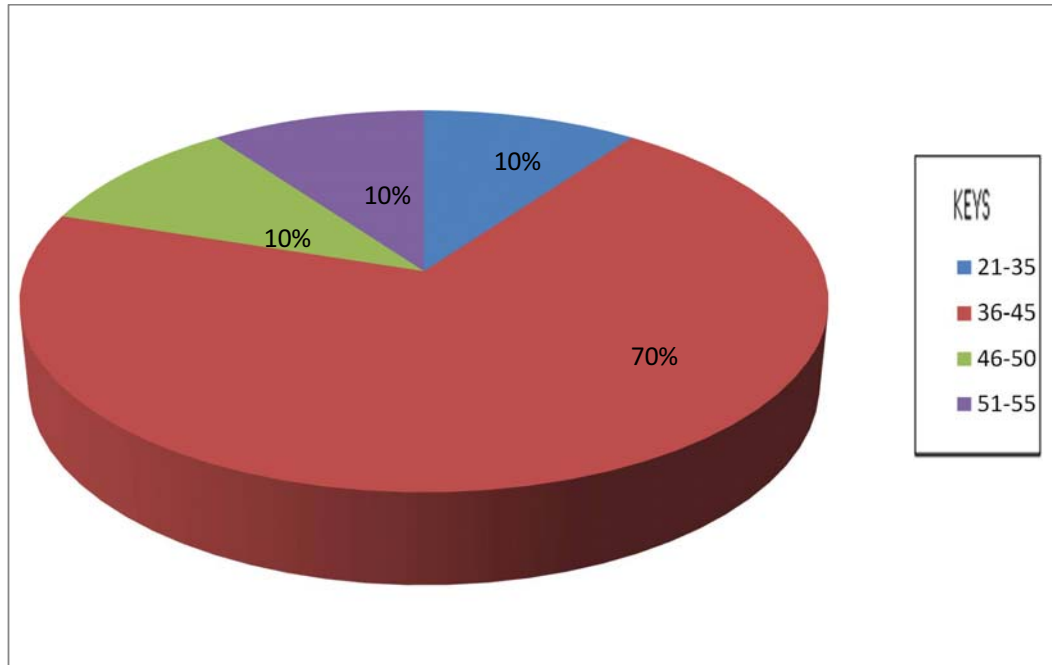


Fig 2: Distribution of respondents based on to their age

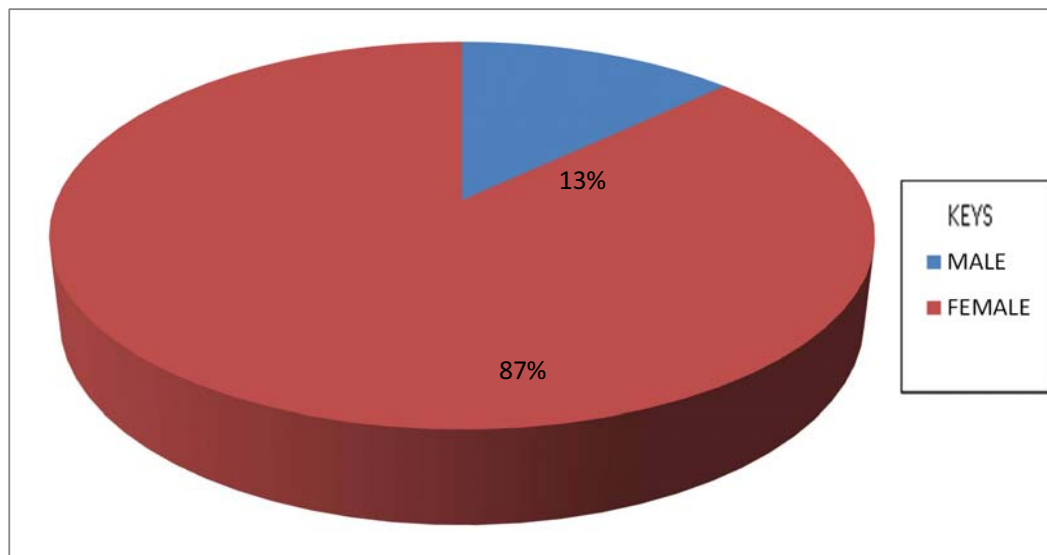


Fig 3: Distribution of respondents based on their sex

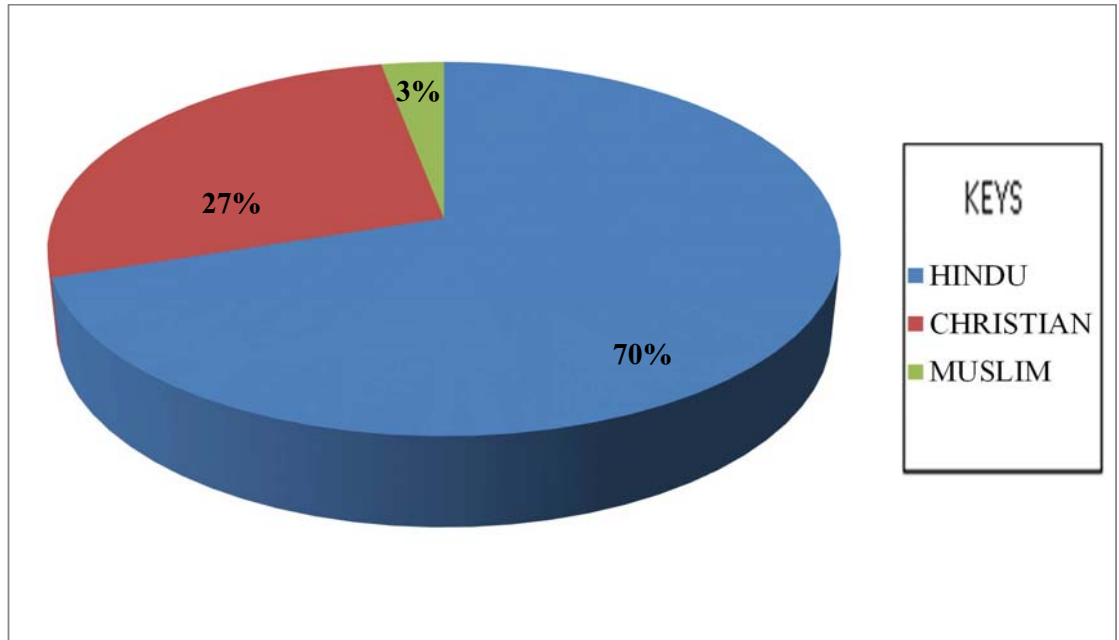


Fig 4: Distribution of respondents based on their religion

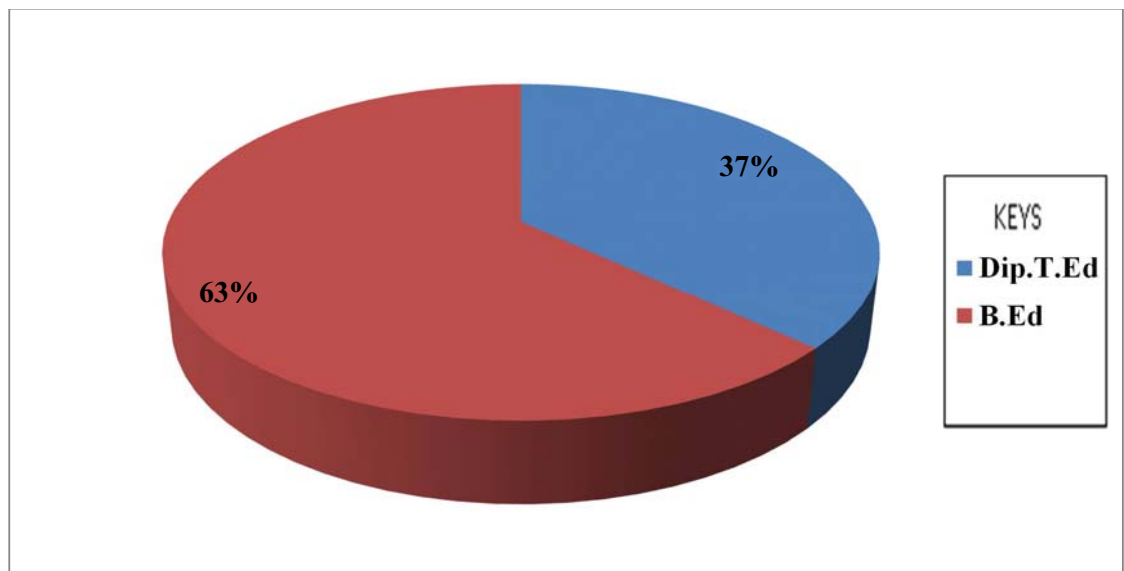


Fig 5: Distribution of respondents based on their educational status

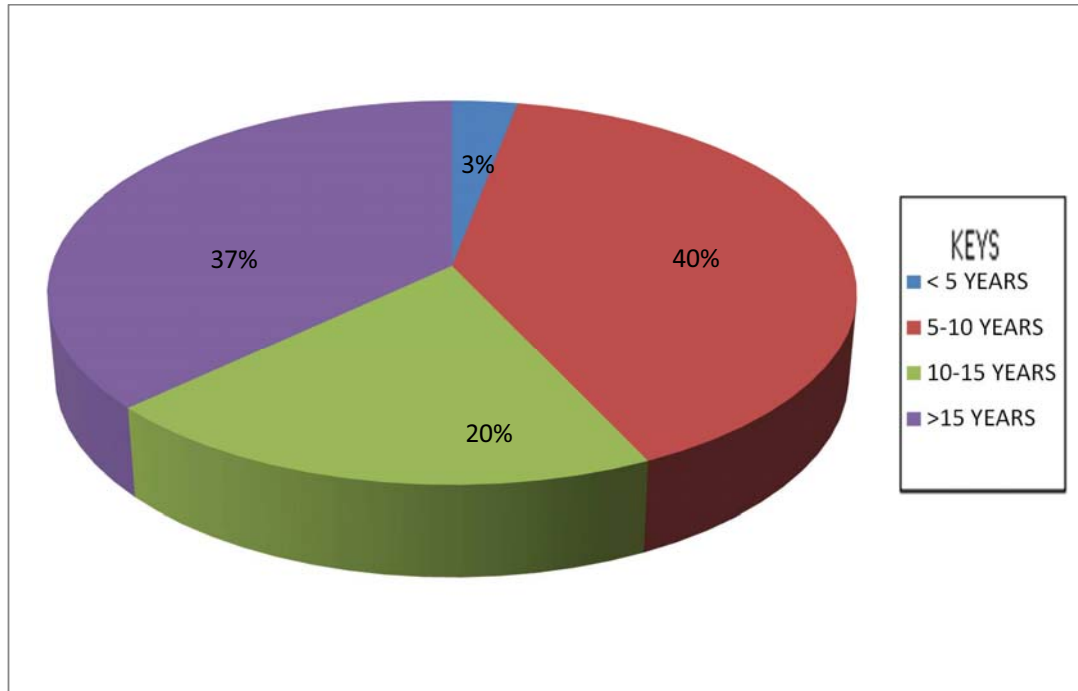


Fig 6: Distribution of respondents based on their experience.

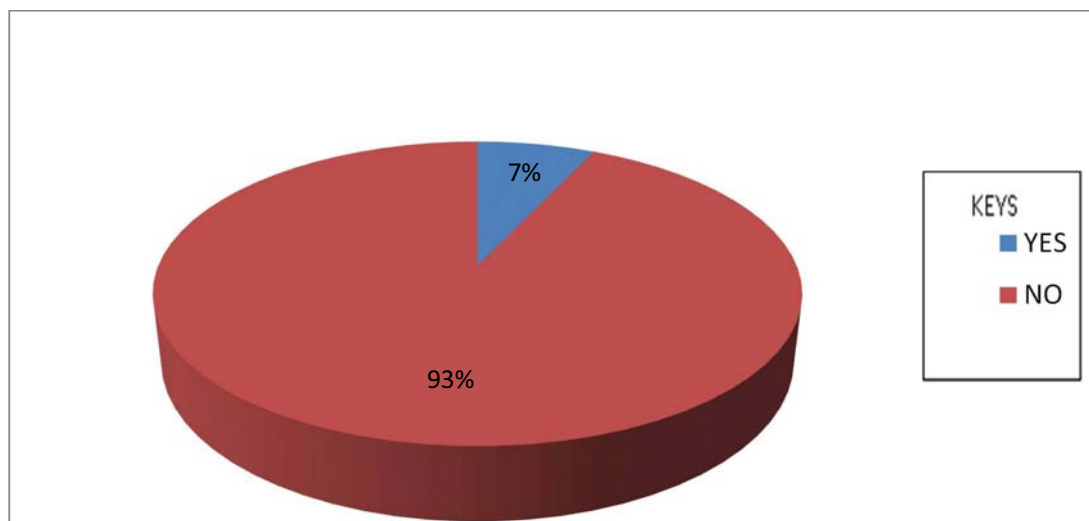


Fig 7: Distribution of respondents based on their training.

SECTION –B

DESCRIPTION OF KNOWLEDGE AND ATTITUDE OF TEACHERS REGARDING CHILDHOOD BEHAVIOURAL PROBLEMS

Table -2: Distribution of respondents based on pre-test knowledge scores regarding childhood behavioral problems (N=30)

S.NO	KNOWLEDGE	Pre-test	
		Frequency(f)	Percentage (%)
1.	Average (11-20)	28	93%
2.	Good (21-30)	2	7%

The table 2 depicts the assessment of the respondents based on pretest knowledge scores regarding childhood behavioral problems. In that among 30 samples, none of them scored upto 10, 28 (93%) of them scored between 11 – 20 and 2 (7%) of them scored between 21-30.

Table -3: Distribution of respondents based on post-test knowledge scores regarding childhood behavioral Problems. (N=30)

S.NO	KNOWLEDGE	Post test	
		Frequency(f)	Percentage (%)
1.	Good (21-30)	30	100%

The table 3 projects the assessment of the respondents based on post-test knowledge scores regarding childhood behavioral problems. In that among 30 samples, none of them scored up to 10 and 11-20, 30 of them scored between 21-30.

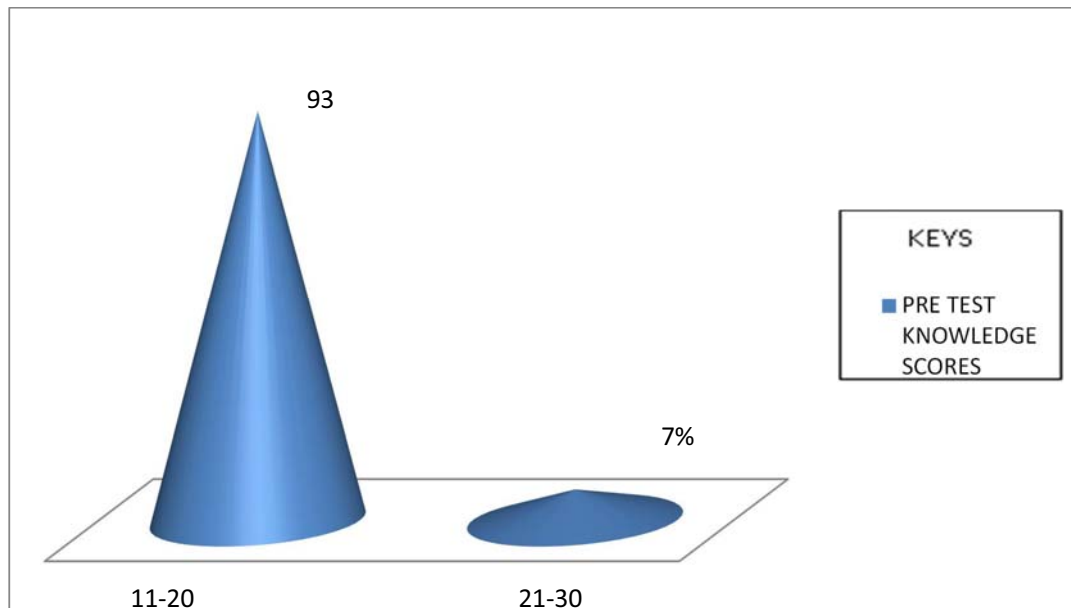


Fig.7: Distribution of respondents based on Pretest Knowledge Scores regarding childhood behavioral problems

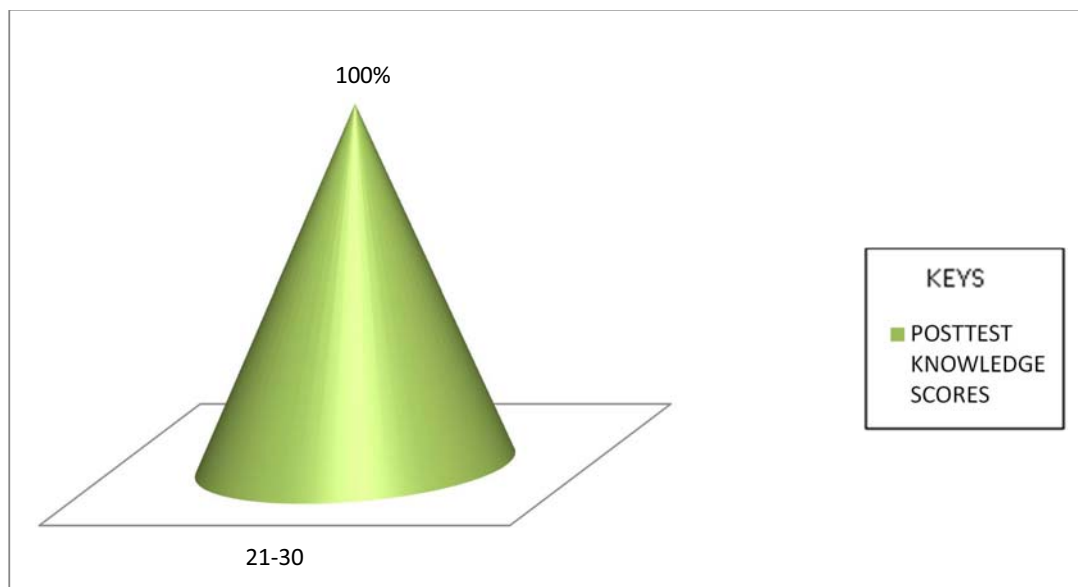


Fig.8: Distribution of respondents based on Post-test Knowledge Scores regarding childhood behavioral problems.

Table.4: Comparison of respondents based on mean pre-test and post-test knowledge scores on childhood behavioral problem.

(N=30)

S.NO	Knowledge test	Mean	SD	't' Value
1.	Pre-test	17.97	3.21	15.052*
2.	Post-test	27.02	.66	

*P< 0.05 level

The table 4 displays the paired 't' value 15.052 for the mean difference between the pre-test and post-test knowledge scores of the respondents on the childhood behavioral problems is significant at 0.05 level of significance at (df 29) .This means there is a significant improvement in the knowledge of teachers regarding childhood behavioral problems.

It shows that the mean pre-test value increased from 17.97 to post-test value 27.02 which shows the effectiveness of the structured teaching program.

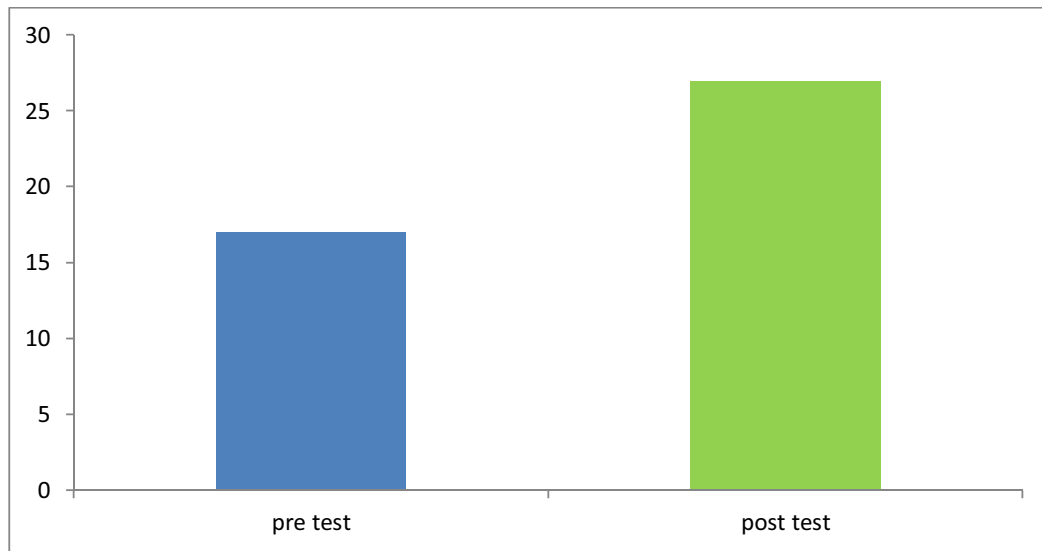


Figure 9: Comparison of the respondents based on mean pretest and post- test knowledge scores regarding childhood behavioral problems.

Table-5: Distribution of respondents based on pre-test attitude scores regarding childhood behavioral problems.

(N-30)

S.NO	ATTITUDE	Pre- test	
		Frequency (f)	Percentage (%)
1.	Neutral (51-75)	26	87%
2.	Positive (76-100)	4	13%

The table 5 depicts the assessment of the respondents based on Pre-test attitude scores regarding childhood behavioral problems. In that among 30 samples, none of them scored 25-50, 26 (87%) of them scored between 51-75 and 4 (13%) of them scored between 76-100.

Table-6: Distribution of respondents based on post-test attitude scores regarding childhood behavioral problems

(N-30)

S.NO	ATTITUDE	Post- test	
		Frequency(f)	Percentage (%)
1.	Positive (76-100)	30	100%

The table 6 displays the assessment of the respondents based on Post-test attitude scores regarding childhood behavioral problems. In that among 30 samples, none of them scored between 25-50, and 51-75 and 30 (100%) of them scored between 76-100.

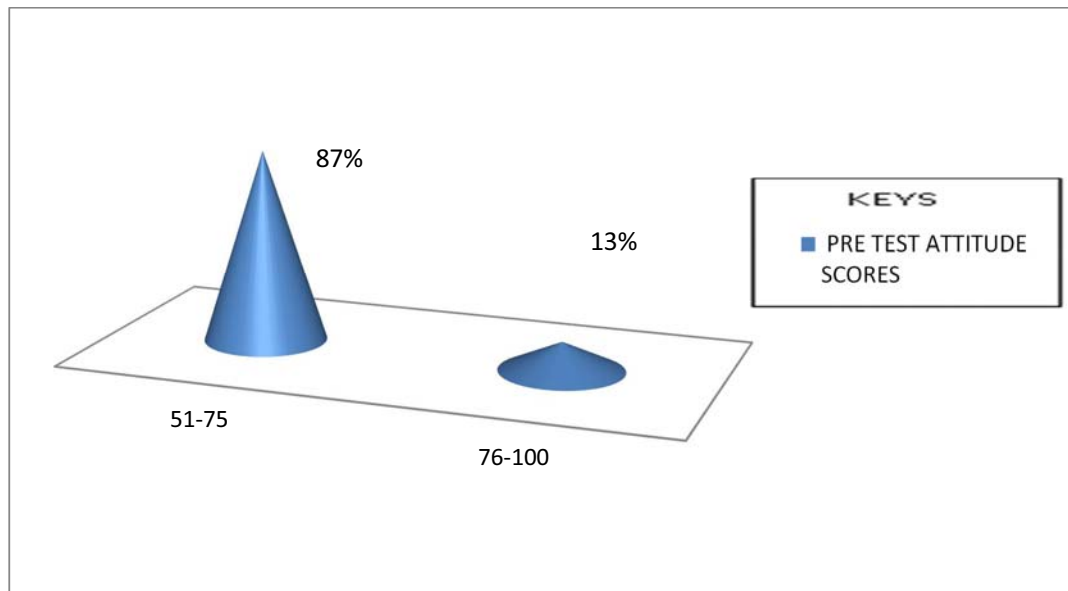


Fig.10: Distribution of respondents based on Pretest attitude scores of regarding childhood behavioral problems

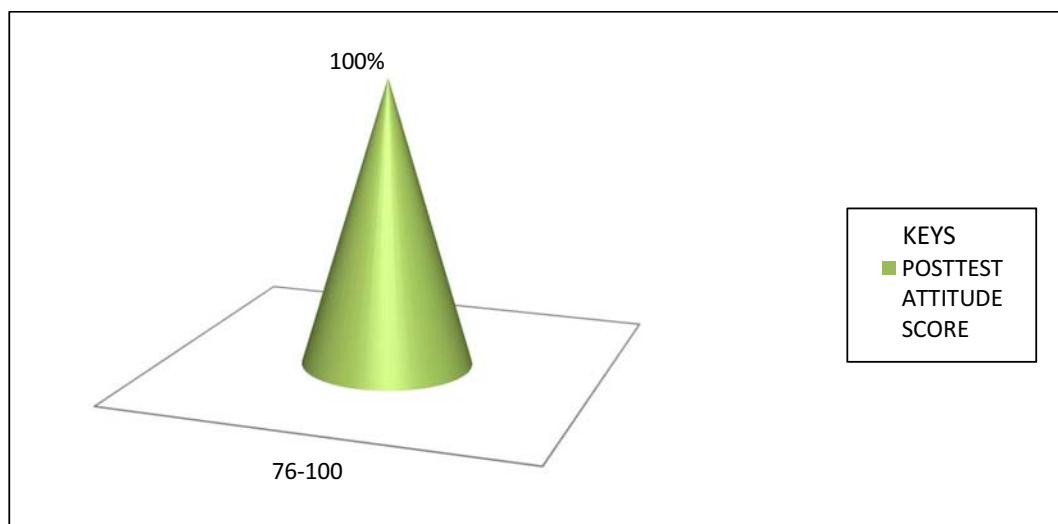


Fig.11: Distribution of respondents based on Post-test attitude scores regarding childhood behavioral problems

Table.7: Comparison of respondents based on mean pre-test and post-test attitude scores on childhood behavioral problem.

S.NO	Attitude Test	Mean	SD	't' Value
1.	Pre-test	70.13	7.78	11.336*
2.	Post-test	86.8	1.06	

*P< 0.05 level

The table 7 projects the paired 't' value 11.336 for the mean difference between the pre-test and post-test attitude scores of the respondents on the childhood behavioral problems is significant at 0.05 level of significance at (df 29) .This means there is a significant improvement in the attitude of teachers regarding childhood behavioral problems.

It shows that the mean pre-test value increased from 70.13 to post-test value 86.8 which shows the effectiveness of the structured teaching program.

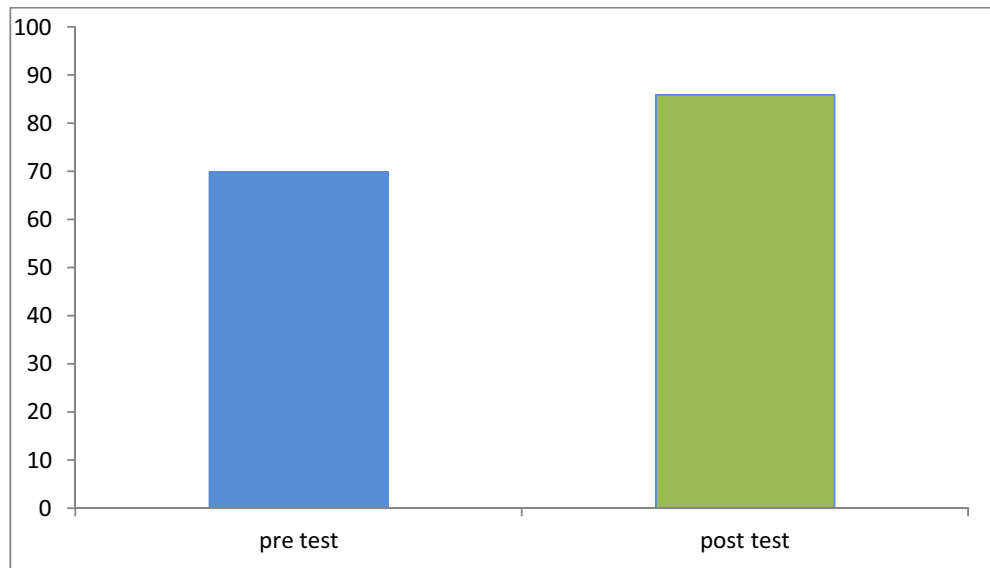


Figure 12: Comparison of the respondents based on mean pre- test and post- test attitude scores regarding childhood behavioral problems.

SECTION-D

ASSOCIATION OF DEMOGRAPHIC VARIABLES OF TEACHERS WITH THEIR POST TEST KNOWLEDGE REGARDING CHILDHOOD BE- HAVIOURAL PROBLEMS

S.N	Characteristics	Frequency(f)	Df	χ^2
1.	AGE	3	3	.869 (NS)
	21-35	21		
	36-45	3		
	46-50	3		
	51-55			
2.	Sex	4	1	.935 (NS)
	Male	26		
	Female			
3.	RELIGION	8	2	.755 (NS)
	Christian	1		
	Muslim	21		
	Hindu			
4.	EDUCATIONAL STATUS	11	1	.180 (NS)
	Dip.T. Ed	19		
	B.Ed			
5.	Experience	1	3	.727 (NS)
	<5 years	12		
	5-10	6		
	10-15	11		
	>15 years			
6.	Training	2	1	.685 (NS)
	Yes	28		
	No			

P<0.05 S = significant NS = not significant

Table 8: clearly shows that the post-test knowledge of the respondents do not have an association with the demographic variables

SECTION E

ASSOCIATION OF DEMOGRAPHIC VARIABLES OF TEACHERS WITH THEIR POSTTEST ATTITUDE REGARDING CHILDHOOD BEHAVIOURAL PROBLEMS

S.N	Characteristics	f	df	χ^2
1.	AGE			
	21-35	3		.217
	36-45	21	3	(NS)
	46-50	3		
	51-55	3		
2.	SEX			
	Male	4	1	.020
	Female	26		(NS)
3.	RELIGION			
	Christian	8	2	.108
	Muslim	1		(NS)
	Hindu	21		
4.	EDUCATIONAL STATUS			
	Dip.T. Ed	11	1	.705
	B.Ed	19		(NS)
5.	Experience			
	<5 years	1	3	.512
	5-10	12		(NS)
	10-15	6		
	>15	11		
6.	Training			
	Yes	2		.038
	No	28	1	(NS)

P<0.05 S = significant NS = not significant

Table 9: Clearly shows that the post-test attitude of the respondents do not have an association with the demographic variables.

CHAPTER V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATIONS,

LIMITATIONS AND RECOMMENDATION

This chapter deals with the discussion, summary and conclusion. It also clarifies the limitations of the study, implication and recommendations given for the different areas of nursing practice, nursing education nursing administration and nursing research.

DISCUSSION

The present study was designed to assess the knowledge and attitude regarding common childhood behavioral problems. The research design adopted for the study was One Group Pre-test Post-test design. Non probability purposive sampling technique was used to select 30 teachers for the study. The data collected for the study were analyzed statistically and discussed based on the objectives.

Demographic variables of teachers participated in the study

According to age group most (70%) of the teacher were in the age group of 36-45 years, 10% of them in 21-35 years, 10% in 46-55 years and Other 10 % was having age group of 51-55 years. Regarding the sex ratio male was about 13% and female was about 87%.Based on religion most (70%) of them were Hindu, (27%) of them were Christian and only 3% were Muslim. Regarding education level, majority (63%) of them has completed Dip.T.Ed and 37% were B.Ed. Based on the experience < 5 years was 3%, 5-10% was about 40% ,10-15 years was about 20% and >15 years is about 37%.Regarding the training 93% of teachers was not trained and 3% were trained .

The first objective of the study was to assess the knowledge and attitude of primary school teachers regarding childhood behavioral problems.

The present study findings revealed that the mean pre-test knowledge score is 17.97 and the mean post-test score obtained was 27.02. The mean pre-test score of attitude was 70.13 and the post-test score was 86.8 for the primary school teachers.

The findings was consistent in the study done in Vadodara to assess the knowledge of primary school teachers regarding childhood behavioral problems. The findings of the study pre-test scores was 49.40% and the posttest knowledge score was 75.83%. **(Garg, et al., 2014)**

The second objective is to evaluate an effectiveness of structured teaching programme regarding childhood behavioural problems on knowledge and attitude of primary school teachers.

The present study findings revealed that the mean pre-test score of the respondents is 17.97 and the mean post-test score obtained was 27.02 for knowledge and mean pre- test score of the respondents is 70.13 and post -test was 86.8. The 't' value is 15.052 for the mean difference in pre-test and post-test knowledge and 11.336 for pre-test and post-test attitude of teachers. It is significant at 0.05 level of significance. The findings substantiate that the structured teaching program is effective.

A substantiate study was conducted in Chennai to evaluate the effectiveness of Structured teaching programme .The study concluded that the pre-test scores showed that 86.6% of mothers has inadequate knowledge ,13.4% has moderately adequate knowledge. In the post- test mothers evidenced 83.4% has adequate knowledge, which proved the structured teaching programme was effective. **(Vasanthakohila & Hemavathy, 2014)**

The third objective of the study was to associate the post-test knowledge and attitude regarding childhood behavioural problems.

The post-test knowledge and attitude with selected demographic variables as age, experience, educational status, previous training. The results revealed that P value of demographic variables was more than 0.05 level when associated with post-test knowledge and attitude. Hence it is concluded that there is no significant association between post-test knowledge and attitude with the demographic variables like age, sex, religion, educational status, experience, and training.

SUMMARY

The purpose of the study was to assess the knowledge and attitude regarding childhood behavioral problems among primary school teachers Madukkarai union, Coimbatore.

The objectives of this study were to:

1. To assess the knowledge and attitude regarding childhood behavioral problems among primary school teachers.
2. To evaluate the effectiveness of structured teaching Programme regarding childhood behavioral problems among primary school teachers.
3. To associate the knowledge and attitude of primary school teachers with their selected demographic variables.

Ludwig von Bertalanffy's General System Theory (1968) was modified and used to relate the concept of present study. One Group Pre-test Post-test design was used for this study. The sample size comprised of 30 primary school teachers Madukkarai Coimbatore. Non probability purposive sampling technique was used to select the samples. The study result was that the structured teaching programme was effective in improving the knowledge and attitude of the teachers regarding childhood behavioral problems.

The tool was developed for the purpose of obtaining data for the study.

Section I: - Socio demographic variables

Section II: - Self-Structured -administered questionnaire to assess the knowledge of the teachers regarding childhood behavioral problems

Section III: - Self-Structured administered questionnaire to assess the attitude of the teachers regarding childhood behavioral problems

The reliability of the tool was tested with split half method. The reliability for Knowledge was 0.93 and Attitude was 0.80.

MAJOR FINDINGS:

1. The mean pre- test and post- test knowledge scores of respondents was 17.97 and 27.02 respectively.
2. The mean pre- test and post- test attitude scores of respondents was 70.13 and 86.8 respectively.
3. Comparison of the mean pre-test and post-test knowledge scores the 't' value 15.052 significant at 0.05 level which indicate that there is a significant difference between the knowledge level of the teachers before and after the implementation of the structured teaching program.
4. Comparison of the mean pre-test and post-test attitude score, the 't' value 11.336 significant at 0.05 level which indicate that there is a significant difference between the attitude level of the teachers before and after the implementation of the structured teaching program.
5. There is no association between the post-test knowledge and attitude scores of the teachers regarding childhood behavioural problems with the demographic variables.

CONCLUSION

The following conclusions are drawn from the study

- The study revealed that there is inadequate knowledge and attitude regarding childhood behavioral problems for the teachers.
- The study proved that there is a significant improvement in the knowledge and attitude in the level of teachers after the structured teaching Programme.
- The study proved that there is no significant association between the knowledge and attitude of teachers regarding childhood behavioral Problems and demographic variables.

IMPLICATIONS

Nursing practice

1. The findings of the study highlight the level of knowledge regarding the childhood behavioral problems.
2. The study would help the teachers to increase their knowledge regarding childhood behavioral problem.
3. The study would help the teachers to increase their attitude regarding childhood behavioral problems.
4. The study can help to train the teachers for identifying the childhood behavioral problems.

Nursing education

1. Teachers can learn the importance of identifying the childhood behavioral problems.
2. Teachers can learn to handle the childhood behavioral problems.

Nursing administration

1. Nurse administrators can organize and conduct in-service education for the pediatric nursing staffs to identify and manage the childhood behavioral problems.
2. Nurse administrators can arrange awareness programme in the community settings to identify and manage childhood behavioral problems.

Nursing Researcher

1. The study can be conducted with a larger sample using more improvised methods of training including power point presentation.
2. Further study can be conducted in future in the same aspect.

LIMITATIONS OF STUDY

- ❖ The findings can only be generalized to teachers.
- ❖ The study is limited only to 30 samples due to time constraints.
- ❖ The study was limited to government primary school teachers
Madukkarai union, Coimbatore.

RECOMMENDATIONS

- ❖ A similar study may be replicated in different setting with large scale.
- ❖ The same study can be conducted as a comparative approach through structured teaching programme among teachers and parents.
- ❖ A comparative study can be conducted between government and private schools teachers.
- ❖ A similar study can be conducted for mothers for identifying the common behavioral problems.

ABSTRACT

The study entitled “A Study to Assess the Effectiveness of Structured teaching Programme regarding childhood behavioral problems On Knowledge and Attitude of selected primary schoolteachers, Coimbatore”. Aimed to assess the knowledge, and attitude regarding childhood behavioral problems. The study was undertaken by 301430401, during the year 2014-2016 in partial fulfillment of the requirements for the completion towards degree of Master of Science in Nursing at KMCH College of Nursing, Coimbatore-14 which is affiliated by DR. M. G. R University, Chennai.

This study used one group pre-test post-test pre-experimental design and non-probability purposive sampling technique to select the samples. Data collected from 30 primary school teachers Madukkarai union Coimbatore. Self-Structured questionnaires were used to collect data regarding demographic variables of the respondents and knowledge and attitude regarding childhood behavioral problems. Objectives of the study were to assess the knowledge and attitude level of teachers regarding childhood behavioral problems, evaluate the effectiveness of structured teaching programme. To associate the knowledge and attitude with their demographical variables. Conceptual framework used in this study was The Modified Ludwig Von Bertalanffy's General System Theory (1968). The outcome measure was using a self-structured administered questionnaire. Intervention was the structured teaching program regarding the childhood behavioral problems. The results showed that the respondents gained knowledge and attitude. After the teaching, the pre-test mean score of knowledge was 17.97 and post test score was 27.02 and the 't' value is 15.052. The pre-test mean score of attitude was 70.13 and post test score was 86.8 and the 't' value is 11.336. There is no association of the post-test knowledge and attitude with the demographic variables.

CONCLUSION

The result concludes that the structured teaching program on childhood behavioral problems is useful to improve the knowledge and attitude of the primary school teachers.

KEYWORDS

Structured teaching program, childhood behavioral problems, and primary school teachers.

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